



**OFFICE OF CONGRESSMAN JIM HIMES**  
**Constituent Intake Form/Privacy Act Waiver**

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OFFICE USE ONLY	
<input type="checkbox"/>	Walk-in
<input type="checkbox"/>	Fax
<input type="checkbox"/>	Email
<input type="checkbox"/>	Phone
Date:    /    /	
Staff Initials:	

*Please check the corresponding box below:*

- Immigration   
  Housing   
  Health/Medicare   
  Social Security  
 Small Business   
  Grants   
  Veterans Administration   
  Other \_\_\_\_\_

<b>Name:</b>	<b>Soc Sec#</b> -    -
<b>Spouse's Name:</b>	<b>Date of Birth:</b> /    /
<b>Address:</b>	<b>City:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Cell:</b>	

*By initialing below you are authorizing all Governmental Agencies, including the National Visa Center (NVC) and/or Department of State, to release information to our office. Initial here: \_\_\_\_\_*

**WHAT CONCERNS ARE YOU HAVING WITH A FEDERAL AGENCY?**

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**WHAT SPECIFIC ACTION ARE YOU SEEKING FROM OUR OFFICE?**

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Is there anyone besides yourself that you would like our office to discuss your case with e.g., spouse, family member, etc? If so, please include: <b>Name:</b> <b>Relationship:</b>	Do you currently have an attorney working on your case? (Yes or No) _____ <i>If so, please include current status of case.</i>	Have you contacted any other elected official(s) to assist you with your problem? If so, please include: <b>Name:</b> <b>Office:</b>
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*I hereby authorize Congressman Himes or his staff, under the "Right to Privacy Act," to request and copy any information regarding this matter from identified agencies. I hereby release you from any liability that may arise by furnishing the requested information. **This document is invalid if not signed and dated.***

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_